

Certificate of consent to participate in a study protocol at the Sleep Medicine Center (CMS):

“RHINO-OROPHARYNGEAL UPPER AIRWAY PERMEABILITY – SUBJECTIVE NEUROSENSORY ASSESSMENT”:

Investigators: Alain PIRON and Cédric GARCION, osteopaths

Promoters of the study: Alain LACROIX and Bassam CHAKAR, Ivan SELAK, neurologists from the CMS

I, the undersigned, Miss./Mrs./Mr.....

date of birth/...../.....

freely and voluntarily **accept to participate** in the protocol referenced above, coordinated by Alain PIRON and Cédric GARCION supervised by Drs Alain LACROIX, Bassam CHAKAR and Ivan SELAK.

Being heard that : :

- The investigators who informed me and clearly answered all my questions, told me that my participation is free and that I can withdraw from the protocol at any time.
- I was previously given an information note on this protocol, specifying its purpose, its methodology, its expected benefits and its foreseeable risks.
- I will be able to have communication from the investigators, during or at the end of the protocol, of the information they hold concerning my health.
- I am perfectly aware that I can withdraw my consent to my participation in this protocol at any time, whatever my reasons and without bearing any responsibility. In this case, I undertake to inform the investigators.
- I may request additional information from the investigators at any time.
- If I wish, at the end, I will be informed by the investigators of the overall results of this study.
- My consent in no way relieves investigators and supervisors of all their responsibilities and I retain all my rights guaranteed by law.

--

Date :
Patient Signature :

Signature of the investigators, who attest to having fully explained to the person signing the purpose, the modalities as well as the potential risks of the study.

Date : Name and Signature :

This document must be produced in 2 original copies: the first must be kept by the investigator and the second is given to the person giving consent.